

and not allow this country to lurch even deeper into divisiveness. Let us unify and show that, yes, there are differences; yes, there are divisions; yes, there is partisanship, but in the end, we will unite around those bonds that hold this Nation together and ensure that our democracy functions for years, decades, and generations to come.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. ROUNDS). The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Ms. HIRONO. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

(The remarks of Ms. HIRONO pertaining to the introduction of S. 2710 are printed in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

Ms. HIRONO. Mr. President, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. MORAN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

VETERANS' ACCESS TO HEALTH CARE

Mr. MORAN. Mr. President, I want to take a moment or two to speak about our Nation's veterans. The Presiding Officer and I have the honor of serving together on the Senate Veterans' Affairs Committee. I take that responsibility—as does the Presiding Officer—very seriously. There is no other group of people that we should hold in higher regard than those who served our country. Today I want to talk about some of the challenges they are facing as a result of our failure to do that.

Who would we expect to get the very best health care in our country? We want everyone to have good quality, affordable health care. But of all the people we would want to make certain received the health care services they were promised, clearly, it would be those who served our country—the men and women of our military who are now veterans. They deserve timely, high-quality health care. That is true whether they live in an urban or suburban setting or a rural place like your State and mine. There are more than 221,000 veterans who call Kansas home, and the vast majority of them live in very rural parts of our State.

Before being elected to the Senate, before the honor that Kansans allowed me to serve them here in the Senate, I served in the U.S. House of Representatives. I represented the First District of Kansas, generally known in our

State as the Big First. That is a congressional district larger than the State of Illinois, and there isn't a VA hospital in that congressional district. Veterans in this part of Kansas drive hours on end to get care, or they simply go without it all together.

Over the past year, Congress has repeatedly passed legislation designed to ease the burden for veterans who are struggling to get health care from VA facilities in my State and yours and across the country. In the wake of the scandal, we learned across the country about the false waiting list for veterans. The VA put people on a waiting list that didn't really exist. The scandal across our country allowed us, as Members of the Congress and the Senate, to come together—Republicans and Democrats—and we passed legislation called the Choice Act. This legislation allows veterans who can't get timely service to access that service with a provider outside of the VA.

Importantly—and what I want to talk about today—the Choice Act says that if you are a veteran who lives more than 40 miles from a VA facility, then at your request you can have those services provided by a local hometown physician, be admitted to your hometown hospital, see your local optometrist, and be treated by your local physical therapist or chiropractor. All of those things make a lot of sense for the veterans who live in the places where I come from.

In the process of doing that, part of the goal was to ease the burden, in addition to providing quality and timely services, for those who live in rural places. Part of the theory—and I think rightly so—in passage of the Choice Act was to lift a bit of the burden on the VA off of the VA. It has been difficult for them to have the necessary health care providers to meet the needs of veterans. So we began providing services in the community. And we are also speeding up the process by which a veteran who still goes to a VA hospital or still goes to a VA clinic gets services in a more timely and effective way.

This past July Congress passed legislation to amend the Choice Act. We did so because of the number of problems we were encountering as a result of the stories that I heard from my veterans across our State—and I know it is true of many Senators, if not all—about problems with the way the Choice Act was being implemented by the Department of Veterans Affairs. We amended that legislation to try to make it work better. In my view, that shouldn't have been necessary. The VA could have solved this challenge on their own but didn't.

What it says is that it is not a facility. I have used this example on the Senate floor before. My hometown is a town of about 1,900 people. It is about 23 miles from the community of Hays—about 20,000 people—where there is an outpatient clinic of the Department of Veterans Affairs. The VA was saying that you cannot access the Choice Act

if you live within 40 miles of a facility, and the problem was that they were saying even if that facility doesn't provide the service the veteran needs. So by law, we changed the definition of what a VA facility is, and it said that it is not a VA facility if it is not open full time and doesn't have a full-time physician—a pretty commonsense kind of thing that we needed to apparently put in the law to get the Department of Veterans Affairs to implement and to interpret the Choice Act in a commonsense way that was designed to meet the needs of veterans.

Unfortunately, many of our veterans remain unaware of their options. I talk to lots of veterans, some who have given up on Choice, some who don't know it is an option, and some who tried and are caught up in a bureaucratic system and are trying to get an answer about whether they qualify, and even if they do, where they can go and how their bill will get paid.

Examples in my State: One of the Kansas VA community-based outpatient clinics—known as a CBOC—is only open 2 days a month, and it shouldn't be counted as part of the Choice Act, a facility of the Choice Act. There are 9 out of 14 CBOCs in Kansas that do not have a full-time medical doctor. Those nine community-based outpatient clinics should not be counted under Choice. I want to highlight that for veterans from Kansas and across the country who might happen to hear what I have to say today so they know there are more options than they may realize.

Many Kansas veterans choose to live in rural communities. Many of us often choose to live in rural communities and raise our families, see our grandkids, and more often than not, those communities don't have a VA hospital or a clinic to serve those veterans' needs.

In townhall meeting after townhall meeting and up and down Main Streets of communities in my State, the most common conversation I now have is with veterans who are expressing how the system is failing them, the frustration they are encountering, and that they are not seeing the improvements and changes for the betterment of the care they are entitled to.

As I said earlier, many veterans are so frustrated with the back-and-forth they have with the VA and the redtape, they simply give up and either go without health care or end up trying to pay for it out of their own pocket. That is exactly what occurred to Mr. Lamoine Guinn, who is a rural Kansan. Mr. Guinn shared his story with me not to try to get me to solve the problem, but he wanted others to know how this program needed to change so that other veterans would benefit. After a year of dealing with the VA, he decided to simply give up on Choice. I don't want to let that happen. I don't want veterans to give up on Choice. I don't want the Department of Veterans Affairs to have the excuse to say Choice is not a viable

program, veterans don't like it, and come back to Congress and tell us that it is no longer needed.

If I were home in Kansas, I would explain it this way: Again, my hometown, Plainville—population now 1,900—used to have rail service, and over time the rail service diminished and became less effective. The rates went up, and fewer people used the rail service, the railroad, to haul grain in particular. Then the railroad could go to the regulators and say: Nobody is using the railroad; can we just abandon it?

I worry that that kind of attitude and approach could happen with this issue if we don't make certain our veterans see the benefit and actually receive the benefits that come from the Choice Act. I don't want to give anybody—the Department of Veterans Affairs or other Members of Congress—the opportunity to say “The Choice Act doesn't matter. People don't like it. It is not popular. Let's do something different” when the reality is that it would be popular if it were working effectively and in a timely way and veterans were being cared for.

Mr. Guinn lives in Oberlin, a small town, a county seat town in Decatur County, almost in Nebraska. It is one of those typical Kansas small farming communities. The closest VA facility to him is actually in Grand Island, NE. Although he is a Kansas resident, he is part of the Nebraska VA network because of its proximity to Grand Island. He is eligible under the Choice Program, and he needed to schedule spinal surgery with the community provider. That is what he wanted to do. So the VA referred him to HealthNet. HealthNet is the organization that manages this program for the Department of Veterans Affairs. HealthNet then referred him to TriWest because he is a Kansas resident. TriWest covers Kansas while HealthNet covers Nebraska. The health care providers were arguing about who is responsible for his care because he lives one place and his VA provider is in an adjoining State.

My complaint is that it shouldn't matter where he lives. He is stuck in a bureaucracy. The burden ought not fall to him to solve all of his problems. The VA ought to step in and solve the problem for him and tell him what it is that ought to be done and get him out of the back-and-forth between the Nebraska and Kansas networks.

He has now gone a year without the surgery. He is going to now drive to another VA medical center in Omaha—300 miles one way—so he can get the surgery he is entitled to have by his hometown provider or a regional hospital in his area.

Many of our veterans—I don't know the age of this particular veteran, Mr. Guinn, but many of the veterans who live in those communities are World War II veterans and now more likely Vietnam veterans. The opportunity for them to have family around them, the

ability for them to get long distances is a complete challenge. To have to go 300 miles, when the law says that he is a veteran and he, who served our country, is entitled to services at home, is a terrible mistake, and it ought to be something that can be sorted out, but every time he has attempted to do that, the burden still rests with him. We want the Department of Veterans Affairs to step in and figure this out and get it done and get it done quickly.

Another veteran who reached out to my office for assistance was Mr. Francis Wierman, a 92-year-old veteran. He lives in La Crosse. It is a county seat town of a couple thousand folks. Because of his age, it is difficult for him to travel for his annual physical appointments.

Mr. President, I ask unanimous consent to speak until I conclude my remarks.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. MORAN. I thank the Chair.

Because of his age—Mr. Wierman needs to travel. It is difficult for him to do it. What he needs is an annual physical. So Mr. Wierman has attempted to utilize the Choice Program, and he was told there was no flexibility to be seen in La Crosse by a hometown doctor or go to a hometown hospital due to his proximity, his location next to an outpatient clinic.

Mr. Wierman sacrificed for our country, and he deserves to be able to receive his care in his own community given the burden and strain traveling imposes upon him, a veteran of 92 years of age. We need to make certain he receives the care he is entitled to, and we need to make sure the VA is doing what needs to be done to accomplish that.

My final example today is Mr. Dabney, who suffers from post-traumatic stress. He was also told he was eligible for Choice, so he set up an appointment with the local care provider. Despite the OK from the VA practitioner about getting care outside of the VA, the handoff got lost in the shuffle, and somehow the VA determined that it was Mr. Dabney's fault that the paperwork didn't follow him, leaving him with the bill for the services provided by the outside-the-VA practitioner.

I shared this case with Secretary McDonald at a hearing the Presiding Officer and I attended several months ago. The conclusion months later by the VA was that Mr. Dabney simply didn't understand the Choice Act and he should have tried harder to get an official authorization before setting up the appointment; therefore, the bill still rests with him. Thankfully, the provider, the network TriWest, disagreed, and they are now elevating his case to try to make certain he doesn't have to pay the bill for the services the VA originally authorized him to receive outside of the VA.

The Choice Act was designed specifically to help these veterans. They gave of themselves to serve our country and

fought on our behalf, and they deserve the care and respect they should be receiving today from our country and its Department of Veterans Affairs. Our country must fulfill its commitments to these individuals and to others who provide for those who sacrificed for our Nation, regardless of the community they call home.

Last week I joined my Senate colleagues in sponsoring the Veterans Choice Improvement Act of 2016. This legislation is designed to fix problems with the original Choice Act that the VA has been unable to resolve on their own to make sure these veterans receive what they are entitled to. As a member of the Senate Veterans' Affairs Committee, I look forward to working with the Presiding Officer and other members and with our chairman, JOHNNY ISAKSON from Georgia, as well as the ranking member, Senator BLUMENTHAL, for purposes of making sure that we get this right and that we make certain the VA does its job in caring for these men and women who served our country.

I will continue to make certain that happens, and I continue to express my gratitude to those who served our country and renew my willingness and my desire to make sure they receive the health care they are entitled to.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Arkansas.

(The remarks of Mr. COTTON pertaining to the introduction of S. 2708 are printed in today's RECORD under “Statements on Introduced Bills and Joint Resolutions.”)

Mr. COTTON. I yield the floor.

The PRESIDING OFFICER (Mrs. FISCHER). The Senator from Rhode Island.

CLIMATE CHANGE

Mr. WHITEHOUSE. Madam President, I come to this Chamber for the 131st time to urge this body to break free and wake up to what carbon pollution is doing to our atmosphere and our oceans.

Last week, scientists at NOAA reported that carbon dioxide levels at their Mauna Loa Observatory jumped in 2015 by the largest year-to-year increase in 56 years of research.

Pieter Tans, lead scientist at NOAA, said:

Carbon dioxide levels are increasing faster than they have in hundreds of thousands of years. It's explosive compared to natural processes.

We see the effects of this runaway carbon pollution everywhere, in ever-climbing temperatures, in ever-changing weather patterns, and in ever-rising, warming, and acidifying seas. But the Republican-controlled Congress refuses to take responsible action. They put their climate effort elsewhere, such as attacking former Vice President Al Gore for raising awareness of the real and looming climate crisis.

One Republican colleague has railed against Mr. Gore, calling him “the